APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 NOV 15 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001749

1. Corporation Name
GALILEAN FAMILY WORSHIP CHURCH OF THE NAZARENE

REINSTATEMENT 05

2. Principal Office Address	**3.** Mailing Office Address
306 W LANCASTER RD	P.O. BOX 593028
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO FL.	City & State: ORLANDO FL
Zip: 32809 Country: USA	Zip: 32859 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1996

5. FEI Number: 593342472 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DENIS NEREUS

Street Address (P.O. Box Number is Not Acceptable): 320 TIBURON COURT

Suite, Apt. #, Etc.:

City: ORLANDO State: FL Zip Code: 32835

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Denis Nereus (REGISTERED AGENT MUST SIGN) Date: 10/28/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S	YVES DARIUS	1508 RIDGE PT DR	ORLANDO FL 32835
T	SEAN LISSADE	2759 TALL MAPLE LP	OCOEE FL 34761
A.T	BELGA SAINTVIL	414 Highland Ct	ORLANDO FL 32824
D	DENIS NEREUS	320 TIBURON CT	ORLANDO FL 32835

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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Rev. Denis Nereus 10-28-05 (407) 466-7488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R. Eckel NOV 16 2005